

CONTRACT

080122

Department Log Number

State Contract Number

1. CONTRACT NAME:

The name of this Contract is LHD Environmental Services - (Summit County Health Department)

2. CONTRACTING PARTIES:

This Contract is between the Utah Department of Environmental Quality (DEPARTMENT), and Summit County Health Department (CONTRACTOR).

3. CONTRACT PERIOD:

The service period of this Contract will be July 1, 2007 through June 30, 2010, unless terminated or extended by agreement in accordance with the terms and conditions of this Contract.

4. CONTRACT AMOUNT:

The Contractor will be paid up to a maximum amount of \$ 234,848.00 in accordance with the provisions in this Contract. This Contract is funded with 11 % Federal funds and with 89 % State funds. The CFDA # is 66.605 and 66.468 and relates to the federal funds provided.

5. CONTRACT INQUIRIES:

Inquiries regarding this Contract shall be directed to the following individuals:

CONTRACTOR

Contact Person: Robert Swensen
Business Address: 85 North 50 East, POB 128
Coalville, UT 84017
Phone Number: 435-336-3227

DEPARTMENT

Program: Environmental Services
Contact Person: Bruce Slater
Phone Number: 801-536-4482

6. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

Attachment A: Gen. Provisions for Contracts with other Government Entities
Attachment B: Service Delivery Plans

Attachment C: Special Provisions for 3 Year DEQ-Local Health Department Env. Services Delivery Plan

7. DEPARTMENT agrees to pay 25% of annual allotment amount each quarter on August 1, November 1, February 1, and May 1 of each applicable fiscal year.

8. CONTRACTOR agrees to perform services identified in attached Service Delivery Plans.

IN WITNESS WHEREOF, the parties sign this Contract

CONTRACTOR: Summit County Health Department

By: [Signature] 6-27-07
Signature of Authorized Individual Date

Print Name: Steve Jenkins

Title: Health Director

UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY

By: [Signature] 7/9/07
William J. Sinclair
Deputy Director Date

CONTRACT RECEIVED AND
PROCESSED BY
DIVISION OF FINANCE

State Finance: _____

Date

State Purchasing: _____

Date

87-6000295
Federal Tax Identification Number or Social Security Number